

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

Report of the Chief Medical Officer to the State Board of Health January 2004

Interim Director of HHS

Due to the Governor's appointment of Ron Ross to the State Treasurer's Office, I am serving as interim director of the Department of Health and Human Services. I will also continue my responsibilities as Chief Medical Officer until a new director is appointed.

West Nile Virus

Nebraska ranked with Colorado as one of the states hit hardest by West Nile. Starting with the season's first human case in July, Nebraska reported 1,999 cases confirmed by the Nebraska Public Health Laboratory, with an additional 315 reported from outside labs. Most of the cases have been located in the south-central part of the state, along the Platte River.

There were 28 West Nile-related deaths in 2003, with the majority of deaths in the 75 or older category. This compares to eight deaths in 2002.

Eighty-two percent of patients experienced West Nile fever; 6.7 percent had meningitis, while five percent had encephalitis.

Nebraska's (and the nation's) first case of blood transfusion-related transmission of West Nile this year was detected in September. The blood was donated to a Lancaster County blood bank and linked to a case of the virus in an elderly surgical patient. Although screening of blood transfusions began June 29th, it is believed that the test failed to detect a small amount of virus in the donor's blood. The blood tested negative with a prescreening test and positive upon follow-up. The number of blood donors this season who tested positive as part of a pre-screening test before donation was 189. Donors who tested positive were not allowed to donate.

The HHS System waged a strong "Fight the Bite" campaign this year, both in paid advertising in broadcast and print media, in numerous media stories, and on the Web site. The main educational messages were the precautions that can be taken to "fight the bite": wearing long-sleeved shirts and pants, applying mosquito repellent, and avoiding outdoor exposure, if possible, at dawn and dusk, when mosquitoes are most active. Measures that can be taken to eliminate standing water where mosquitoes breed were also part of the

message. Educational materials were handed out at the State Fair and statewide conferences.

A significant decline in case numbers is expected for 2004 because of increased public awareness, stepped-up mosquito-control efforts, higher immunity levels in the population, and a decline in the host/vector bird population.

New Staff to Address Bioterrorism

Thanks to federal funding for bioterrorism-related activities, HHSS has been able to hire a public health veterinary epidemiologist and a new public information officer.

Annette Bredthauer, DVM, has joined HHSS as our public health veterinary epidemiologist. She will track possible threats to food supplies and monitor the state for zoonotic diseases. She has 18 years of experience as a veterinarian with a mixed animal practice and worked for the U.S. Department of Agriculture for three years in the Food Safety and Inspection Service. As one of her former job duties, she investigated the outbreak of exotic Newcastle disease in southern California. Her expertise will be invaluable as we face threats like mad cow disease, histoplasmosis, and hoof and mouth disease. She will work closely with the Nebraska Department of Agriculture, our local health departments, veterinarians, medical professionals, and the public.

Dianna Seiffert has joined the Communications and Legislative Services Division as a public information officer. She will work on the development and implementation of the state's risk communication plan to ensure that HHSS meets the communications requirements of the grant. As part of her duties she will expand and further develop HHSS materials on the agents of bioterrorism and work with the Bioterrorism Response Section on its communication needs. Dianna has a degree in journalism and twenty years of experience in the areas of researching, writing, editing, specialty marketing, desktop publishing, and conference planning. She has worked on Focus Area F of the bioterrorism grant since April as a part-time, temporary employee.

Behavioral Health Reform

Behavioral health disorders are the most prevalent health problem in America today—more common than cancer, lung disease and heart disease combined. The latest estimates from the federal government show that 67,700 adults in our state have some form of mental illness.

Governor Johanns and Senator Jim Jensen are working together on a proposal to reform the services that are currently being provided only through Nebraska's regional centers. The proposal calls for building community services and eliminating unnecessary institutional care. Regional centers will remain a resource and provide services until there are appropriate community services.

The proposal will close two regional centers and use existing funding for the development of quality community-based services, including acute/secure services. Community services include day rehabilitation, medication management, urgent

outpatients services, telehealth outreach, vocational rehabilitation, supported education, nursing services, and secure residential services.

Services will not be reduced, just restructured in the community—services that prevent or intervene in a person's illness to avoid inappropriate commitment to regional centers and to increase supports and treatment in the community. A transition process is expected to take place over the next two years as community services are developed.

Right now Nebraska is spending \$25.8 million in state general funds plus \$3 million in federal and cash funds to serve approximately 260 people at the Hastings and Norfolk regional centers on any given day. Those funds can be leveraged with Medicaid funds and reinvested to serve consumers outside of institutions and to provide better services and outcomes for people.

Approximately 60 percent of the patient days at the regional centers are Medicaid eligible. However, the regional centers are not able to receive Medicaid funding due to federal restrictions. If patients are served by Medicaid-eligible community-based services, Nebraska can take advantage of the 60 percent match rate and generate approximately \$9.4 million in additional federal funds to more appropriately serve these individuals.

A center of excellence is planned in a collaboration between the University of Nebraska Medical Center, Creighton University Medical Center and HHSS to provide state-of-the-art technology focusing on treatment, education, outreach, and research to healthcare professionals and behavioral health regions across the state.

Immunizations for Children

A hearing was held December 4 to accept public comments on immunization requirements for enrollment in school and early childhood programs. The proposed changes will require vaccination against chickenpox for all children entering school or an early childhood program and require vaccination against hepatitis B for all children entering an early childhood program. (Hepatitis B vaccination is already required for school entry.) The proposed regulations are waiting for final approval by the Governor's Office.

The majority of school children have already been vaccinated for chicken pox. An estimated 20 percent of the state's children haven't been vaccinated, and with the decline in natural illness become vulnerable adults.

Basically, chickenpox can be a discomfort for children, a nuisance for parents, and a threat to adults, who can become seriously ill from the disease.

Influenza

This year's outbreak of influenza began earlier than usual. More than three-quarters of these early cases are a type of influenza A not covered in this year's vaccinations. Influenza A/Fujian differs from the A/Panama covered in the vaccine but some level of protection is anticipated to be provided.

The surprise this year is influenza's impact on young children. Nationally, over 90 children have died from the flu or its complications. It's not clear at this time whether a heightened awareness of severe influenza disease in children has led to increased testing and reporting of pediatric cases.

Nebraska is following a change in vaccinating children recommended by the Centers for Disease Control and Prevention. The new CDC guidelines recommend one dose of flu vaccine for children ages 6 months to 9 years who are being vaccinated for the first time, without holding back vaccine for a second dose, thus allowing the vaccination of up to twice as many children with the remaining vaccine. This change was made in an effort to vaccinate as many children as possible with the limited supply of flu vaccine remaining.

While no recent studies have been done on the effectiveness of a single dose of vaccine in young children, data from 1976 and 1978 vaccine trials show that 67 percent and 85 percent of children 6 months through 12 years of age developed antigens against Influenza Type A, the strain that is predominant this year. Therefore, one dose of influenza vaccine will provide some protection for many children.

HHSS used the state's Health Alert Network (HAN) developed with bioterrorism funds, to survey health care professionals over a weekend in December. With the assistance of health care providers and the local health departments, over 11,300 doses of traditional flu vaccine were located in the state, and over 6,000 doses of FluMist for people 5 through 49. The results were relayed to the state's local health departments so they could provide localized information to residents trying to access limited flu vaccine. The health departments received the vaccine on a population-based formula. This type of endeavor would have been nearly impossible two years ago, but we were able to do it very quickly thanks to the HAN and local health departments.

Due to the demand for flu vaccine, the Medicaid Program announced that it will pay for FluMist without prior authorization, previously required because it was more expensive than traditional flu vaccine.

The good news is that more Americans appear to have gotten vaccinations against flu this year than ever before.

Trauma System's First Designations

Kimball Health Services is the first basic level trauma center designated in Nebraska for the developing Statewide Trauma System. The designation is based on criteria set out by the Statewide Trauma System Act.

Kimball Health Services handles more than 500 emergency-department visits per year. As a basic level trauma center, it has a team for responding to patients with traumatic injuries and has established criteria for activation of the team, which includes on-call nursing staff, a physician or physician assistant, laboratory personnel, an x-ray technician, a social worker, and other staff as needed. The center also has the required equipment.

Bryan/LGH Medical Center West, Scottsbluff's Regional West Medical Center, and Good Samaritan Hospital in Kearney have received designations as advanced trauma centers by verification from the American College of Surgeons. They will be the lead institutions in providing a high level of care in their regions and will assist basic and general level trauma centers.

Grant to Study Uninsured

The Department of Health and Human Services has received a federal grant to conduct a statewide survey of households and employers to identify characteristics of the uninsured in Nebraska. While many people have their health care needs met by community health centers, Nebraska still lacks an adequate health care safety net. The principle goal of the project is to develop a plan for expanding health insurance coverage and for access to care for Nebraska citizens.

Between 1993 and 2000, the percentage of uninsured adults was fairly stable, but findings of recent surveys reflect increases to 14 percent (2001) and 12 percent (2002). Young adults age 18 to 24 have the highest rate of uninsurance at 26 percent, and racial and ethnic minority populations have a higher proportion of uninsured, compared to the white population. Hispanic Americans and Native Americans had considerably higher rates at 29 percent and 21 percent, respectively, than the white population at 9 percent.

The plan for expanding health insurance coverage will be developed by the Nebraska Health Insurance Policy Coalition, which is composed of state legislators and representatives from public and private organizations. I will be in charge of the overall management of the project.

The household and employer surveys will identify the basic characteristics of the uninsured and barriers to obtaining insurance coverage.

The Coalition will develop the plan for expanding health insurance coverage and access to quality health care to Nebraska citizens based on the major findings of the surveys, focus groups, and key interviews. Six community forums will be held across the state to obtain feedback on the plan, which will be submitted to the U.S. Department of Health and Human Services in September 2004.